

STATE: MINNESOTA  
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26. Personal care assistant services. (continued)

c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:

- 1) self-injury;
- 2) physical injury to others; or
- 3) destruction of property;

d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or

e) up to the amount medical assistance would pay for facility care for recipients referred by a long term care consultation team; and

f) a reasonable amount of time for the provision of supervision of personal care assistant services, if a qualified professional is requested by the recipient or responsible party.

- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care assistant services are needed during a calendar year.
- Personal care assistant services must be prescribed by a physician. The service plan must be reviewed and revised as medically necessary at least once every 365 days.
- For personal care assistant services
  - a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;
  - b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and

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c) as of July 1, 1998, in order to continue to receive personal care assistant services after the first year, the recipient or the responsible party, in conjunction with the public health nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this attachment.

- All personal care assistant services must be supervised as described in this item. A reasonable amount of time for the provision of supervision shall be authorized.
- Personal care assistant services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), institution for mental disease, or licensed health care facility.
- Recipients may use approved units of service outside the home when normal life activities take them outside the home. Effective July 1, 1996, total hours for personal care assistant services, whether performed inside or outside a recipient's home, cannot exceed that which is otherwise allowed for personal care assistant services in an in-home setting.
- Recipients may receive shared personal care assistant services (shared services), defined as providing personal care assistant services by a personal care assistant to two or three recipients at the same time and in the same setting. For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program in which all recipients served by one personal care assistant are participating, which has state licensure or is operated by a local school district or private school, or outside the home or foster care home when normal life activities take recipients outside the home or foster care home. The provider must offer the recipient or responsible party the option of shared services; if accepted, the recipient or responsible party may withdraw participation in shared services at any time.

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If supervision of a personal care assistant by a qualified professional is requested by any one of the recipients or responsible parties, the supervision duties of the qualified professional are limited to only those recipients who requested the supervision.

In addition to the documentation requirements for personal care provider service records in state rule, a personal care provider must meet documentation requirements for shared services and must document the following in the health service record for each recipient sharing services:

- a) permission by the recipient or responsible party for the maximum number of shared services hours per week chosen by the recipient;
- b) permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;
- c) permission by the recipient or responsible party for others to receive shared services in the recipient's home;
- d) revocation by the recipient or responsible party of the shared service authorization, or the shared service to be provided to others in the recipient's home, or the shared services to be provided outside the recipient's home;
- e) if a qualified professional is requested by any one of the recipients or responsible parties, supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of shared services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;

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- f) if a qualified professional is requested by any one of the recipients or responsible parties, documentation by the qualified professional of telephone calls or other discussions with the personal care assistant regarding services being provided to the recipient; and
- g) daily documentation of the shared services provided by each identified personal care assistant including:
  - 1) the names of each recipient receiving share services together;
  - 2) the setting for the shared services, including the starting and ending times that the recipient received shared services; and
  - 3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of services, scheduling issues, care issues, and other notes as required by the qualified professional, if a qualified professional is requested by any one of the recipients or responsible parties.

In order to receive shared services:

- a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:
  - 1) whether shared services is an appropriate option based on the individual needs and preferences of the recipient; and
  - 2) the amount of shared services allocated as part of the overall authorization of personal care assistant services;
- b) the recipient or responsible party, in conjunction with the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must arrange the setting and grouping of shared services based on

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the individual needs and preferences of the recipients;

d) the recipient or responsible party, and the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must consider and document in the recipient's health service record:

- 1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;
- 2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. If supervision by a qualified professional is requested by any one of the recipients or responsible parties, the provider must provide on-site supervision by a qualified professional within the first 14 days of shared services, and monthly thereafter;
- 3) the setting in which the shared services will be provided;
- 4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and
- 5) a contingency plan that accounts for absence of the recipient in a shared services setting due to illness or other circumstances and staffing contingencies.

•. The following personal care assistant services are covered under medical assistance as personal care assistant services:

- a) services and supports that assist in accomplishing activities of daily living. "Activities of daily living" include eating, toileting, grooming,

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    dressing, bathing, transferring, mobility, and positioning;

- b) services and supports that assist in accomplishing instrumental activities of daily living. "Instrumental activities of daily living" include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, performing essential household chores, communication by telephone and other media, and participating in the community;
  - c) services and supports that assist in health-related functions through hands-on assistance, supervision, and cuing. "Health-related functions" means services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant. These are provided under the supervision of a qualified professional or the direction of the recipient's physician; and
  - d) redirection and intervention for behavior including observation and monitoring.
- The following services are **not covered** under medical assistance as personal care assistant services:
- a) health services provided and billed by a provider who is not an enrolled personal care provider;
  - b) personal care assistant services that are provided by the recipient's spouse, legal guardian, parent of a recipient under age 18, or the recipient's responsible party;
  - c) ~~personal care assistant services that are provided by the recipient's adult child or sibling, or the adult recipient's parent, unless these relatives meet one of the hardship criteria, below, and receive a waiver from the Department. As of July 1, 2000, any of these relatives who are also guardians or conservators of adult~~

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~~recipients, when the guardians or conservators are not the owner of the recipient's personal care provider organization, are included in this list.~~

~~The hardship waiver criteria are:~~

- ~~1) the relative resigns from a part-time or full-time job to provide personal care for the recipient;~~
- ~~2) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;~~
- ~~3) the relative takes a leave of absence without pay to provide personal care for the recipient;~~
- ~~4) the relative incurs substantial expenses by providing personal care for the recipient; or~~
- ~~5) because of labor conditions, special language needs, or intermittent hours of care needed, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the recipient.~~

c ~~d~~) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;

~~e~~ d) services provided by the residential or program license holder in a residence for more than four persons;

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- ~~f~~ e) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;
- ~~g~~ f) sterile procedures;
- ~~h~~ g) giving of injections of fluids into veins, muscles, or skin;
- ~~i~~ h) homemaker services that are not an integral part of a personal care assistant service;
- ~~j~~ i) home maintenance or chore services;
- ~~k~~ j) personal care assistant services when the number of foster care residents is greater than four;
- ~~m~~ k) personal care assistant services when other, more cost-effective, medically appropriate services are available;
- ~~n~~ l) services not specified as covered under medical assistance as personal care assistant services;
- ~~o~~ m) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;
- ~~p~~ n) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);
- ~~q~~ o) effective January 1, 1996, personal care assistant services that are not in the service plan;



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- ~~r~~ p) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- ~~s~~ q) services to other members of the recipient's household;
- ~~t~~ r) any home care service included in the daily rate of the community-based residential facility where the recipient resides;
- ~~u~~ s) personal care assistant services that are not ordered by the physician; or
- ~~v~~ t) services not authorized by the commissioner or the commissioner's designee.

6.d. Other practitioners' services. (continued)

B. **Public health nursing services** are limited to:

- 1) Nursing assessment and diagnostic testing;
- 2) Health promotion and counseling;
- 3) Nursing treatment;
- 4) Immunization;
- 5) Administration of injectable medications;
- 6) Medication management and the direct observation of the intake of drugs prescribed to treat tuberculosis;
- 7) Tuberculosis case management, which means:
  - a) assessing an individual's need for medical services to treat tuberculosis;
  - b) developing a care plan that addresses the needs identified in subitem a);
  - c) assisting the individual in accessing medical services identified in the care plan; and
  - c) monitoring the individual's compliance with the care plan to ensure completion of tuberculosis therapy; and
- 8) Personal care assistant assessments, reassessments, and service updates. Assessments, reassessments, and service updates are conducted by county public health nurses or certified public health nurses under contract with the county.

Such assessments must be conducted initially, in person, for persons who have never had a public health nurse assessment. The initial assessment must include:

- a) documentation of health status;
- b) determination of need;
- c) identification of appropriate services;
- d) service plan development, including, if supervision by a qualified professional is requested, assisting the recipient or responsible party to identify the most appropriate qualified professional;